24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mississippi Conservatives	C C00554774
	O sees mi
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y
Full Name of Payee Scott Howell & Company	Date of Public Distribution/Dissemination
Mailing Address 3900 Willow St.	01 31 / 2014
Suite 200	Amount
City State Zip Code	219540.00
Dallas TX 75226	Transaction ID : SE.4118 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type 004	01 30 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mr. Christopher Brian McDaniel Oppose	President Senate State: MS
Calendar Year-To-Date Per Election for Office Sought Disbute 219540.00	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	219540.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	219540.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	01 31 2014
Signature	